

75 AUTOS OUT.

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

Date 10/18/11

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>10/24/2011</u>
Amount Paid	<u>550.00</u>

New Application Check one: Class 1 Class 2 Class 3

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: PAT'S TOWING, INC. Phone: 617-776-5810

Business Location (with Zip Code): 160 McGRATH HWY SOMERVILLE, MA 02143

Applicant's Legal Name: PAT'S TOWING, INC.

Applicant's Address (with Zip Code): 160 McGRATH HWY SOMERVILLE, MA 02143

Applicant's Email Address: SKUSMIN@UNITEDROADTOWING.COM

Applicant's Federal Employer Identification Number: 27-0726964

Mailing Name (where we should send correspondence to): PAT'S TOWING, INC.

Mailing Address (with Zip Code): 160 McGRATH HWY SOMERVILLE, MA 02143

Emergency Contact: STEVEN KUSMIN Phone: 781-953-6770

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: GERALD CORCORAN

Address with Zip Code: 9550 BORNHOLDT MOKENA, IL 60448

Partner's/Member's/Secretary's Name: MICHAEL MAHAR

Address with Zip Code: 9550 BORNHOLDT MOKENA, IL 60448

Partner's/Member's/Treasurer's Name: MICHAEL MAHAR

Address with Zip Code: 9550 BORNHOLDT, MOKENA, IL 60448

2011 OCT 24 P 12:28
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?

Y N

Is your principal business the sale of new motor vehicles?

Y N

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract?

Y N

If yes, provide the name of the manufacturer(s): _____

Is your principal business the buying and selling of second hand motor vehicles?

Y N

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location?

Y N

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼?

Y N

If yes, provide the name of the repair facility: EXPORT TOWING

Is your principal business that of a motor vehicle junk dealer?

Y N

Have you ever obtained a license to deal in second hand motor vehicles or parts?

Y N

If yes, list year, city and state _____

Have you ever been denied a license to deal in second hand motor vehicles or parts?

Y N

If yes, list year, city and state _____

Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended?

Y N

If yes, list year, city and state _____

Describe all of the premises to be used in the business: 160-200 McGeath Hwy

Somerville, MA 02143

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: *Alvin Kusman* Date 10/18/11

Business Name: PAT'S TOWNS INC.

Business Address: 160 McGRATH HWY Somerville, MA 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

The use is permitted as of right

The use requires a special permit

The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: 0 inside
75 outside

Signature: *Eddie Nozzo* Date: Oct 20, 2011

Print Name: EDDIE NOZZO Title: Superintendent

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

Approved

Denied

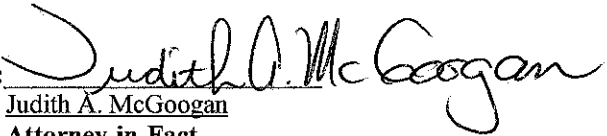
Signature: *[Signature]* Name and Title: Chief

**VERIFICATION CERTIFICATE FOR
INDEFINITE TERM SURETY BOND**

THIS IS TO CERTIFY that Bond No. CMS253132 issued by RLI Insurance Company dated this 28th day of May, 2010, in the amount of Dollars (\$25,000.00), on behalf of Pat's Towing, Inc. (as Principal), and in favor of Commonwealth of Massachusetts (as Obligee), covers a term which began on the 28th day of May, 2010, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated October 18, 2011

RLI Insurance Company

BY: 
Judith A. McGoogan
Attorney-in-Fact



RLI Surety
 P.O. Box 3967 | Peoria, IL 61612-3967
 Phone: (800)645-2402 | Fax: (309)689-2036
 www.rlicorp.com

POWER OF ATTORNEY

RLI Insurance Company

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That **RLI Insurance Company**, an Illinois corporation, does hereby make, constitute and appoint:
Dorothy J. Fox, Jacquelyn M. Norstrom, Judith A. McGoogan, John P. Harney, Josefina Cervantes, Joseph J. Zahn, jointly or severally.

in the City of Chicago, State of Illinois its true and lawful Agent and Attorney in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, the following described bond.

Any and all bonds provided the bond penalty does not exceed Twenty Five Million Dollars (\$25,000,000.00).

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon this Company as if such bond had been executed and acknowledged by the regularly elected officers of this Company.

The **RLI Insurance Company** further certifies that the following is a true and exact copy of the Resolution adopted by the Board of Directors of **RLI Insurance Company**, and now in force to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the **RLI Insurance Company** has caused these presents to be executed by its Vice President with its corporate seal affixed this 22nd day of December, 2008.



RLI Insurance Company

By: [Signature]
 Roy C. Die Vice President

State of Illinois }
 County of Peoria } SS

CERTIFICATE

On this 22nd day of December, 2008, before me, a Notary Public, personally appeared Roy C. Die, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

I, the undersigned officer of **RLI Insurance Company**, a stock corporation of the State of Illinois, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** this 18th day of October, 2011.

By: [Signature]
 Jacqueline M. Bockler Notary Public

RLI Insurance Company

By: [Signature]
 Roy C. Die Vice President



State of Illinois
County of Cook

On this 18th day of October 2011, before me personally appeared
Judith A. McGoogan, known to me to be the Attorney-in-fact of
RLI Insurance Company, the corporation that executed the
within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the
aforesaid county, the day and year in this certificate first above written.

(Seal)



Jessica Diaz
(Notary Public)

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

PAT'S TOWING, Inc.

*Signature of Individual or Corporate Name (Mandatory)

Donald Cannon

By: Corporate Officer (Mandatory, if a corporation)

27-0726964

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: PAT'S TOWING, INC.

Address of taxpayer/applicant's business in Somerville: Somerville

Address of taxpayer/applicant's home in Somerville: 160-200 Mc Gath Hwy

Taxpayer/applicant's phone: day: 617-776-5810 evening: 781-953-6770

I, (print name) STEVEN KOSMIN, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 24th day of October, 20 11. Steven Kosmin for Pat's Towing, Inc.
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
9602 # 146042001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UB

10-20-11

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: PAT'S TOWING, INC.
Address: 160 McGrath Hwy
City: Somerville State: MA Zip: 02143 Phone #: 617-776-5810

- I am an employer with 25 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Mesrow Insurance Services
Address: 353 North Clark St.
City: Chicago State: IL Zip: 60654 Phone #: 312-595-6000
Policy #: DLRC46468855 Expiration Date: 11/23/11

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Steven Kusmin Date: 10/18/11
Print Name: Steven Kusmin

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
 Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____